

Chosen Care Limited

Branksome House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Inspected but not rated

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Branksome House is a residential care home, registered to provide personal care for up to nine adults with mental health, learning disabilities and/or autistic spectrum disorder needs. At the time of the inspection, four people were living at the service.

Following recent extensive refurbishment, Branksome House can accommodate up to seven people over three floors in one adapted building. People have access to communal areas including a lounge, dining room, kitchen and an enclosed accessible rear garden. The service has wheelchair accessible bedrooms with en-suites on the ground floor. First floor bedrooms have en-suites and there is a communal bathroom on the first floor. The first and second floors are accessed via stairs.

People's experience of using this service and what we found

People felt safe and supported at Branksome House and had chosen to live there over other alternatives. People's health related risks had been assessed and timely referrals to health and social care professionals were made when their needs changed. Care records were accurate and complete and included recommendations by health care professionals. However, we found staff were not always following people's support plans in relation to managing choking risks. Also, provider policies had not always been followed, to manage infection prevention and control related risks, when people were admitted to the service. There had been no choking incidents or COVID-19 outbreaks affecting people at the service.

The provider had continued to develop and improve their governance and monitoring systems since our last inspection. Audits had been completed and an action plan was in place. People's feedback had been sought.

People looked healthy and were well cared for. They were supported to express their individuality through their personal choices. People were supported by staff who had received appropriate training and support and whose competency in key skills and knowledge areas had been checked.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Based on our review of the Effective, Caring and Well-Led domains, we found the service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The service was situated in a residential street, close to local amenities. People's choices were supported and they were involved in setting goals to increase their independence. People were treated with care and

dignity and their right to privacy was respected. Staff valued the people they supported and worked inclusively to ensure people's views were heard. This had enabled one person to build confidence in the short time since moving into the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's capacity to make decisions had been assessed. Where restrictions were needed to keep people safe, these were minimal and Deprivation of Liberty Safeguards (DoLS) applications had been made to authorise these. People's wishes were established through a variety of communication techniques, including use of signing.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 22 October 2020) and there was one breach of regulation 17 (Good governance) in record keeping. We issued a requirement notice in relation to this breach. The provider completed an action plan after the last inspection to show what they would do to improve and by when.

At this inspection we found significant improvements had been made to records and the provider was no longer in breach of the regulation we found at the previous inspection. We did however find a breach of Regulation 12 (Safe care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to managing choking risks and prevention of spread of infection. The service remains rated Requires Improvement.

Why we inspected

We carried out an announced targeted inspection of this service on 15 September 2020, to follow up on previous requirements and enforcement from our inspection in November 2019. While legal requirements on existing breaches had been met, a new breach of legal requirements (record-keeping) was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. We also looked at two domains rated requires improvement in 2019 which had not been included in the 2020 inspection. This report only covers our findings in relation to the Key Questions Well-Led, which contain those requirements, Effective and Caring.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The ratings from the previous inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The last rating for this service was requires improvement (published 22 October 2020). The service remains rated requires improvement. This is based on the findings at this inspection. This service has been rated requires improvement for the last three consecutive inspections.

We have found evidence that the provider needs to make improvements. Please see the Effective and Well-Led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Further to our feedback, the provider took immediate robust action to ensure people's safety at the service. The provider told us they would address performance issues that had led to this shortfall and implemented enhanced monitoring of the service in the interim.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Branksome House on our website at www.cqc.org.uk.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

At our last inspection we rated this key question Good. We have not reviewed the rating at this inspection. This is because we only looked at the infection control and prevention measures in place.

Inspected but not rated

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Branksome House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Branksome House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with

one visiting social care professional, six members of staff including the regional manager, area manager, registered manager, one support worker, one agency support worker and the cleaner. We observed staff supporting people including during lunch. We reviewed a range of records. This included two people's care records.

After the inspection

We spoke with two relatives about their experience of the care provided. We sought feedback from the local authority and professionals who work with the service. A variety of records relating to the management of the service, including policies and procedures were reviewed. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

How well are people protected by the prevention and control of infection?

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was meeting staff vaccination requirements.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- We were somewhat assured that the provider was admitting people safely to the service. The service had followed the provider's policy, in line with national guidance for polymerase chain reaction (PCR) testing, in relation to hospital admissions and discharges. However, the provider's policy for PCR testing had not been followed during a recent emergency placement of a person at Branksome House. While risks had been assessed and LFT tests taken, the person was not supported to self-isolate until a PCR result was available. This was outside of national guidance and put others at risk of potential spread of infection. The provider told us they would address this performance shortfall.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider regularly reviewed and updated their policies in line with standards, national guidance and the law and updates were communicated to staff. However, we found staff were not always following provider policies and people's support plans, to ensure identified risks to people were managed safely.
- We saw staff did not always following people's eating and drinking support plans/guidelines to manage choking risks. Drinks thickeners were not stored safely to avoid the risk of harm from accidental swallowing. While there had been no related safety incidents at the service, these shortfalls put people at risk of preventable harm.
- The registered manager had not ensured PCR testing was carried out as required in relation to a recent emergency admission to the service. This person had not self-isolated until a negative test result had been obtained. This put people at potential risk of spread of infection.

The service had not done all that was reasonably practicable to mitigate risks to people and to prevent the spread of infection which was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service worked within the principles of Right support, right care, right culture, for example, by routinely involving people (and their representatives) in reviews of their treatment (medicines) and support needs with health and social care professionals.
- People's rights were protected as their views were sought and acted upon. People were supported to access advocacy services when relatives were unable to support them.

Supporting people to eat and drink enough to maintain a balanced diet

- People were involved in menu planning and enjoyed a variety of foods which included good quality fresh fruit and vegetables, some homecooked and some convenience foods. People were supported to make healthier food choices and their weight and intake was monitored.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care;

- Each person had a health action plan and hospital passport in place to address their health-related needs and to enable effective information sharing.
- People were supported to access routine healthcare including registering with a GP and dentist. Records showed people had received annual health checks and regular medicines reviews. People were supported

to have COVID-19 and 'flu' vaccinations. People's oral health care needs had been assessed and they were supported to access dental care.

- People were supported effectively when they became unwell or their needs changed. A professional said, "Staff managed the situation with [name] (suddenly taken ill and required medical assistance) very well, calling 111 and seeking support from line manager." Staff had 'stayed on' after their shift to support people and accompany the person to hospital.
- People were offered regular walks in the local area and had recently received GP letters to say they no longer needed to shield (COVID-19). Staff told us about physical activities people enjoyed, such as disabled cycling, they now planned to book.

Staff support: induction, training, skills and experience

- People were supported by staff who received training to meet their individual needs and whose competency and knowledge in key areas/skills had been checked. Staff training, as required by the provider, was 100% completed. A staff member told us they were proud of the certificates they had been supported to gain while working at the service.
- Staff received regular supervision and an annual appraisal and felt supported. Staff told us the registered manager was happy to answer any questions they had and on-call managers were always available and supportive.
- A new senior staff member had been appointed and would be supported through the provider's 'buddy-up' system during their induction and probationary period.

Adapting service, design, decoration to meet people's needs

- The service had been closed temporarily to enable extensive refurbishment of the premises. Care was taken to provide suitable spaces and facilities to meet people's needs, including adapted bathrooms and accessible ground floor bedrooms and communal rooms.
- A professional said, "The environment is beautiful in terms of changes to structure and much more space for people." One relative told us their sibling was excited to return.
- The service planned to apply to the provider's innovation fund to add a sensory/break out area in the back garden.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff obtained consent from people before they provided support.
- People's capacity to consent to the support they received had been assessed in line with the MCA. Assessments included people's ability to consent to personal care and to manage their finances and medicines related needs. Best interests' decisions were recorded when people had been assessed as

needing support which they were unable to consent to.

- The service was compliant with DoLS requirements and the provider ensured DoLS applications, authorisations and any related conditions were kept under review. One person had a DoLS authorisation in place, no conditions were attached to the authorisation.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with warmth, respect and kindness. When one person became anxious after 'an accident', staff attended to them straight away and were patient, gentle and kind. An agency staff member said, "You can see the connection between the staff and them [people using the service], they take time to talk to them and explain anything they are doing with the residents all the time."
- Staff spoke positively about people and the service. A staff member said, "The golden rule with care, you treat them like you would want to be treated. You do get fond of them, after a while you don't see the disability, you see the character of the person, they bring lots of joy."
- A relative said about the registered manager, "She kept me updated. I found her quite a caring person. I feel he is being well cared for."

Supporting people to express their views and be involved in making decisions about their care

- People were supported by staff who helped them to express their views. During the inspection, staff supported one person to share their views about the service with us, using a variety of communication techniques.
- People's support plans described methods and techniques staff should use to assist people in expressing their views when making everyday decisions.
- People were involved in making decisions about their care. People's views and feedback had been recorded and care planned accordingly. People's views were sought during house meetings and records demonstrated these had been acted upon.

Respecting and promoting people's privacy, dignity and independence

- People's dignity was respected. People were well presented and looked cared for. People took pride in their appearance and staff assisted them to change soiled clothing straight away.
- People's independence was promoted. People had been supported to identify their long-term goals and the small short-term steps needed to achieve them.
- People's privacy was respected. People had the option to lock their bedroom door and hold the key to their room. Staff ensured people could speak privately with visitors.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders did not always support the delivery of high-quality care.

Managers and staff being clear about their roles and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care.

At our last inspection in September 2020, the registered person had not ensured records were always accurate and up to date. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- We found a breach of regulation 12. This failing demonstrated leadership in the service was not always strong enough to establish effective ways of working that enabled staff to always follow people's support plans and provider policies. The provider told us they would address any staff performance issues they identified.
- People's support plans, health action plans and hospital passports were up-to-date, complete and accurate. The provider had developed and improved care record templates so these were easier to complete, follow and monitor.
- We have seen significant ongoing improvement and development of provider governance, monitoring and recording systems since 2019. Audits and checks had been completed as expected by the provider and a service improvement action plan was in place. Progress on the action plan was monitored by the provider.
- Since our last inspection, the service had been completely refurbished and updated by the provider to improve people's living environment.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider and service were person-centred and highly inclusive. The service action plan included work to develop meaningful activity programmes for people. Staff told us about additional opportunities for people to go out since their shielding restrictions had been lifted.
- A relative told us the registered manager was, "responsive to requests" and they had no complaints about the service. A professional said, "Very approachable. There are no unnecessary restrictions and open doors for families."

- A professional said, "They are working in person-centred ways and getting to know them." They also complemented staff's support of a person newly admitted to the service saying, "They have a really good understanding of his needs, he looks happy and relaxed."

Working in partnership with others; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager worked openly and transparently with external agencies including CQC. They were responsive to feedback and used this to improve the service. Feedback from professionals included, "Staff were friendly and a definite change in attitude to working with us" and "The service has a good reputation in the office."

- The registered manager had notified CQC and other agencies of incidents as required. There had been no incidents at the service that required notification under duty of candour.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The service failed to do all that was reasonably practicable to mitigate choking risks to people. The service had not always followed national guidance and provider policies to prevent the risk of spread of infection.</p>